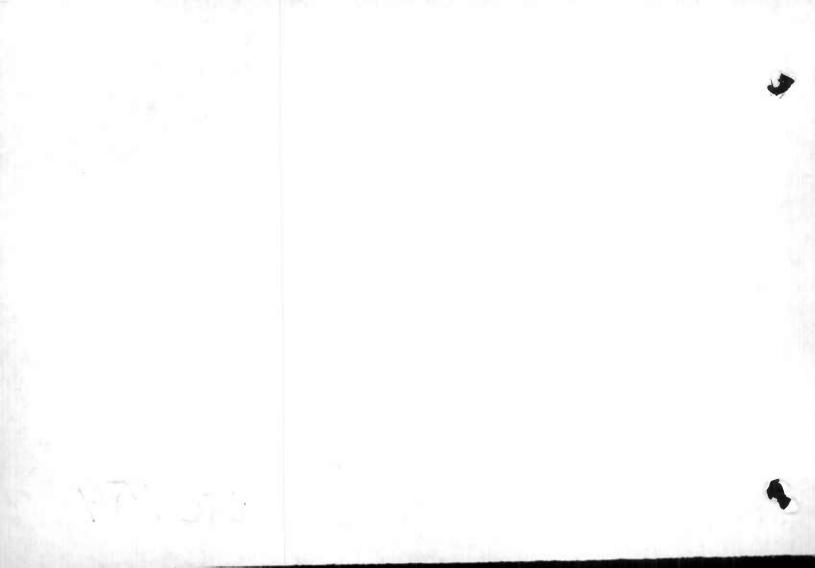
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@ ERTIFICATE #86-86159



n n =	10521	STATE OF MARYLAND & 6 2 6 1 0 1) 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.	
0.0	13321	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR	
	4 oop	Julius A. Casgar 09-26-86. S DATE OF BIRTH 6. AGE (INVERS LAST BIRTHDAY) IF UNDER I YEAR IS UNDER 24 MBS.	
	age 4.m	M Cauc. MONTH DAY YEAR 77 YRS MONTHS DAYS MOURS MIN.	-
	1 1/2	TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED & NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED Howard County MD.).
570	8/	18 CITY OR TOWN OF DEATH Columbia OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1) YEE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Electrician 120. KIND OF BUSINESS OR (1) YEE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY	
AND 212	(A)BS	Ma. Howard 13t. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE CITY City YES NO Sybert Drive R / 04/2	2
MARYL	1/RC	14. FATHER'S MAME Julius Casgar MIDDLE LAST Julius Casgar Julius Casgar Julius Casgar Julius Casgar	12
TIMORE	Page 1	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Mrs Cecilia Casgar 9140 Sybert Dr 2103	
15T., BAL	og physici bangager removal.	18 CAUSE OF DEATH lEnter only one cause per line forta), (b) and ic: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN DISET AND DEATH 3 WHS	-
PRESTON	e death in move con hallon, or troumen	Conditions, if ony, which gove rise to immediate Due TO, OR AS A CONSEQUENCE OF World Dup 11M6	
201 W. I	ed by the state of colors	cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Jup fx	
ORDS, 3	of the same	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
AL REC	The low	196 DATE OF OPERA 196. CONDITION FOR WHICH OF RATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
10 F VII	SCIAN SCIAN	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART TOR PART 2) OR CONTRIBUTING CAUSE OF DEATH	
NVISIO	offer his	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY STATE	
	CIOS A	22a. I certify that (I) (this hospital) attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10	
	AL DISE	226 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	
	noined the Shauld be with the Shauld be with the Shauld be with the Shauld be shauld be shauld be shauld be shauld the Shauld be s	22d PHYSICIAN'S NAME (IMPEOR PRINT) SCOTT T MAUREN 1270 ADDRESS 10772 HICKORY RIDGE COLUMBIAM	0
	BE FFF A	236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY STATE	
	ВР	Cremat_on Sept. 27'86 Westview Memorial Pk Catonsville Balto., Md.	-
	DHMH - 16 60M 7/84 (VRA 15, 4)	Inc. 4112 Old Columbia Pike Ellicott City April 10 September 250 Date REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 250 DATE REC'D BY REC'D BY REGISTRAR'S SIGNATURE 250 DATE REC'D BY REC	à

00-18886	FOR STATE REGISTRAR		DEPARTA	MENT OF HEA	F MARYLAND LTH AND MENTAL H ATE OF DEATH	YGIENE B	REG. NO.	2 6	0
	I. DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
nay be page 3 r death	(Charles	Norman	Coo	ke	5	eptember	120,1986	3:30 MAm
2 . 0	3. SEX	4 RACE		5. DATE OF B	URTH YEAR	6. AGE (INY	ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
ge 4 rs off	Male	W	rite	May				RS.	THE STATE OF THE S
8 = B = S	BIRTHPLACE (STATE OR F	OREIGN 76. CITIZEN	OF WHAT COUNTRY?	18	NEVER MARRIED	9 BALTIMO	RE CITY OR COU	NTY OF DEATH	
to see a see	Maryland		U. S. A.	WIDOWED [vard Cou	nt u	MD.
a se	10. CITY OR TOWN OF DEA		OF HOSPITAL, NURSIN		OTHER INSTITUTION		CCUPATION	12b. KIND (OF BUSINESS OR
	Columbia	549		Farm F	Road Apt.		ce Office		nforcement
MARYLAND 2120 Let ithin 24 hours motrety filled in by and 2 should be fill me more more to	USUAL RESIDENCE (IF NURSI 130. STATE Maryland 14. FATHER'S NAME	ING HOME OR OTHER INSTITU 13b. COUNTY Howard	130. CITY OR TOW Columb	ia 130	ES X NO		oddress/zipc	code is Farm R	
AR TO	FIRST	MIDDLE	Caah		Maude		A.	Dors	ST
	Hanny 160 WAS DECEASED EVER		S? 166 SOCIAL SECU	JRITY NO. 17	INFORMANT		ADDRESS		
of the second	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATE	214-35-	10374	Suzanne M.	Fondo	6533 Bee	echwood R	d.
B (1511)	Yes				Juzanie Me	Tortus	Columbia	a, Md. APPRO	KIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	AS CAUSED BY:	per line to (a), (b), an	relev	1 Blecdin	va)		BETWEEN	ONSEL AND DEATH
quires that the death certicate be signed by the attending hypican and cothen please remove contains at the brief, cremation, or removal nivry, or ather traumatic event.		g the DUE TO	O, OR AS A CONSEQUI		ot RELATED TO THE TE	RMINAL DISEAS		N GIVEN IN PART 1	10.
LRECOR	190 DATE OF OPERAL	196 CC	NDITION FOR WHICH	OPERATION V	VAS PERFORMED	20a AUTO	PSY? 20b. I	F YES, WERE FINDS ERTIFYING CAUSES YES	NGS USED S OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirentending physicion. frer this certificate has been signs the burial-transit permit. There is and Mental Hygiere prior to the ond Mental Hygiere prior to be acked or them 18 shows any injur	OR CONTRIBUTING (AUSE OF DEATH HOUR	AE OF INJURY R. A.M. MONTH D. P.M.		IC HOW INJURY OCC	URRED (ENTER NA		M 18 PART 1 OR PART 2}	
WISION G PHYS offenting offent this c and Me ked or h	(IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE AT WORK AT WORK	ILE []	ACE OF INJURY SE, STREET, FACTORY, OFFICE F		I LOCATION STREET		CITY OR TOWN	COUNTY	STATE
OR ATTENDI or e haspital or DIRECTOR: A oched for use Dept. of Heal	saw the decease	(the expension of tendered alive on MA (did not) view the b	7 19_	M	hot in (my) (or) apini GREE ATTENDING PHYSICIAN	MEDICAL	on the date one STAFF PHYSICIAN	22c DATE	that (I) (was) lost courses stated E SIGNED 71-86
TO HOSPITAL TO FUNERAL should be deter with the Store	FRANCIS	BRUNO	mo		Medical		Build.	Columb	na, mo
	230. BURIAL, CREMATION, (SPECIFY)				ETERY OR CREMATOR	CITY		D COUNTY	Maryland
BP	Cremati	ion Se			ew Memorial				
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME LOTOU M. & RI	issell C. W		55 Twin	Knolls 25a I	SEP 23	1986	SISTRAPESIGNA	TURE

-16914	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF I	E OF MARY LEALTH ANI CICATE OF	MENTAL HY	GIENE	REG. NO	2	5	0 2
		CEASED NAME	FIRST		MIDDLE		AST		20. DATE C	FDEATH M	ONTH D	AY YEAR	26 HOUR
poge 3	1,145	FLOR	ENCE	1	M.	BECKI	R			9	1	1986	1:08P M
mo, bo	3. SE	X		4. RACE		5. DATE (YEAR	6. AGE (IN	YEARS LAST BIRTH	IDAYI	IF UNDER 1 YEAR	
25	/	Female		Whit	e	3	13	1897		89	YRS.		
of the state of th	7a. Bi	RTHPLACE ISTATE OR FO	ORE IGN	16. CITIZEN OF		RY? 8 MARRIE WIDOW		R MARRIED DIVORCED		ore city <u>or</u> rd Cour		OF DEATH	MD
11900	/	olumbia	TH /	JIF NOT IN SUC	HOSPITAL, NUF CHEACHITY, GIVE STI NUTSIN	REET ADDRESS)	OR OTHER IN	ISTITUTION	120 USUAL	OCCUPATION REFORMOST OF	N		
filled in bould be the policy of the policy	05U. 130 S	AL RESIDENCE (IF NURSE STATE Uryland		OTHER INSTITUTION. ITY Arundel	GIVE RESIDENCE BE	FORE ADMISSION)	136, INSIDE	CITY LIMITS?	13e.STREET	ADDRESS /	ZIP CODE Road	T. T	
completely filled and 2 should the		ATHER'S NAME FIRST HENT		MIDDLE H	Mooye		15. MOTHE	R'S MAIDEN NA		WIDDLE			.61
Poge:	16a. V	VAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	166 SOCIAL SI 220-44		17 INFORM	Cliam D.	Macmi	ADDRES		e as #	13
popers- popers- novol		18 CAUSE OF DEATH PART I. DEATH WA	Enter an	ly one couse per	line for (a), (b)	, and (c).)						APPRO BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
n signed by the attending Then please remave carb to burial, cremation, or a injury, or ather traumation.	NO	PART 2. OTHER SIGN	lost.	((c) CONDITIONS <u>Co</u>	ONTRIBUTING	TO DEATH BUT	NOT RELAT	ED TO THE TERA	MINAL DISEA	SE OR COND	ITION GIVE	EN IN PART 1	la"
hos been to permit.	CERTIFICATION	190 DATE OF OPERAT	ION	196. COND	ITION FOR WH	ICH OPERATIO	N WAS PERI	FORMED	200 AU	NO X	IN CERTIF	, WERE FIND YING CAUSE	INGS USED ES OF DEATH?
s certificate h buriol-tronsit Mentol Hygiel or frem 18 shb		210. ACCIDENT WAS HINDE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	USE OF DEA	HOUR A.		DAY YEAR	21c. HOW	INJURY OCCUR	RED (ENTER	NATURE OF INJURY	IN ITEM 18 PA	ART 1 OR PART 2)	
olth ond Me	MEDICAL	21d. INJURY OCCURR WHILE AT WORK AT WORK	FD -	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFI	CE, FARM ETC)	211 LOCA STR	TION EET	- 0	CITY OR TOW	N	COUNTY	STATE
for use of Healt		220.1 certify that (1) saw the decease above, (1) (we) (d				86.	nd that in (m	iyi (our) apınıan	death accum	ed on the dat	e and haur	and fram the	, that (I) (we) last e couses stated
RAL DIREC detached tate Dept.		226. SIGNATURE	· Fu	win	D		DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO	STAFF	an 🗌	9/1	1/86
FUNE old be of the S		Dr. Wil					22e ADDR	55 L. +	He P.	tuxe	of Pa	hixed	1 Colum
de Cal	23a. (BURIAL CREMATION, I			2	36 NAME OF	EMETERY O	R CREMATORY	23d LOC	ATION		COUNTY	STATE
P		Burial		9/3/8				emetery	Ba	ltimor	e	M	laryland
BP	24 F	BURLAL UNERAL DIRECTO 1555 NAME LOY M. & RI		r Knolls 1	Rd. Colum	bia, Md.	21045		TE REC'D. BY	registrariz			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGII - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-DEATH MATED Winfred William Brown 14/19 86 4 RACE AGE (IN YEARS IF UNDER TYR S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 7:00 LAST BIRTHDAY PRONOUNCED Male Black 1948 28 38 DEAD 14/19 86 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED S. Howard County, Pennsvlvania WIDOWED DIVORCED CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Baltimore Interstate 95 Machinst Billy Penn. Co. UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 56 E. Chelton Avenue 13d. INSIDE CITY LIMITS? 13c CITY OR TOWN Pennsylvania No | Philadelphia, Pennsylvania 19126 Philadelphia H. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDGLE Wesley Brown Arbell Giles 6a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Phila. ADPEnn. 19141 No. 18/-36-6989 Charlzinda Hudgins 5331 N. 15th Street 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES DY NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) vehicle. UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 6 528 9/14/ 1986 driver of van in collision with non-moving 21e PLACE OF INJURY (AT HOME. STREET EACTORY, FARM, ETC. WHILE AT WORK AT WORK 195, 1/2 mile So. Tunnel Exit, Howard Co., Md. roadway death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Chief 9/14/86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME John E. Smialek, M.D. 111 Penn St. 23a BURIAL CREMATION REMOVAL 23b DATE 23d. LOCATION 9/20/1986 Northwood Cemetery Burial Philadelphia, Pennsylvania 24 NOTITERECKORSONS FUNERAL HOME, INC. 25a. DATE REC'D. BY REGISTRAR 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VR A15 ME (5))

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Exec. Secretary ID rest mirant

6623 Weatheford Ct.

Burrior Lillian 8 Smarton

215-03-5098A John B. Carrer, Jr. McLorn, Va. 22101

9-4-85 Borrains Park Houseleum Woodlawn Baltimore HD DARLY H. WITZKE & FAMILY ALLS OLD COLUMNIA PLEE

FURRAL HOME, 180. STATEOUT CITY, Mar. 21043

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0 -	17990		FOR STATE REGISTRAR			DEPARTI		EALTH AND MENT	H	REG. NO	D.	5 1	0 3
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	t of the	0	Female	L	Whit	te	MONTH	131/8	6	89	YRS.	ONTHS DAYS	HOURS MIN.
	6		RTHPLACE (STATE OR FORE COUNTRY) YOU'K		S.A.	at country?	MARRIEI WIDOWE	NEVER MARRI	ED 🗀	Howard	COUNTY	IN +4	MD
10 5	1	C	olumbia			SPITAL, NURSIN		veral Hos		USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOUSE!		126. KIND O INDUSTRY	OF BUSINESS OR
No Zu	PAR PA	13a	AL RESIDENCE (IF NURSING STATE aryland	HOME OR OTHER INST COUNTY Howard	ITUTION GIV	E RESIDENCE BEFORE	N I	13d. INSIDE CITY LIM	MITS? 13	STREET ADDRESS /	ZIP CODE Mount	210 ain Ci	rcle
MARYL	120	14 F.	Gerald Dri	scall		LAST		Matry	DEN NAME	Barry	Y	LAS	ıΤ
IMORE,	o pund co		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FOR IF YES, GIVE WAR ORD		b. SOCIAL SECL	IRITY NO.	John J Co	ondon	4997 Beave		ok Dr.	21044
ST. BALT		5	18 CAUSE OF DEATH (I PART I. DEATH WAS	Enter only one car CAUSED BY: MEDIATE CAUSE	V	VOCAC	1 .	nforetim				APPROX 8ETWEEN	ONSET AND DEATH
ESTON	ove corb		Conditions, if ony, w	hich (TO, OR (SA CONSEQUI	ENCE OF	Kumbosus	win	left lemi	plapic	60	lay
W . P8	by the object remo	6	gove rise to immed cause (a), stoting underlying couse	the DUE		ŝ a conseoui		er-teruscin	ulit			Ye	z v J
RDS, 20	Then ple Then ple the burst	NO	PART 2. OTHER SIGNIFI	ICANT CONDITIO	ONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 16	0 '
DIVISION OF VITAL RECORDS, 201 W. PRESTON	A series	TIFICATION	190. DATE OF OPERATIO	N 19b. (CONDITIC	N FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDING CAUSES	
OFVIT	of-transitions of-transitions and the shall have been 18 sh	AL CERT	21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH HO	UR A.M.	MONTH D.	AY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	RT I OR PART 2)	
NOISIN	or this or the bor	MEDICAL	21d. INJURY OCCURRED	21e F	PLACE OF	INJURY FACTORY, OFFICE, I		211. LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
NO THE	TOR Att	H	220.1 certify that (1) (the saw the deceased abave, (N (we) (did)				82 , ar		70 opinian dea	to extension the do			that (I) (wee) last causes stated
0	SPAL DIRECT CANADA CANA		226. SIGNATURE	arlil	Sa	ijh	62.3)	DEGREE ATTEN PHYSI	DING CIAN DE	MEDICAL STAP	F IAN []	22c. DATE 9-1	SIGNED
MOEST.	o FUNERAL Double be der orth the State		Charles E	E (TYPE OR PRINT)	eny			270 ADDRESS 2 Knoll Nor	te Drug	: Columb	(m)	2104	5
\$	BP		BURIAL, CREMATION, REA	Seg	et 15	, 1986	St L	emetery or cremouis Cemet	ery	Clarksvi	lle Ho		-
DI	HMH - 16 60M 7/84 (VRA 15, 4)	In	uneral directorHar c.4112 Old	ry H Wit	zke Pike	& Famil	y Fune ott Ci	eral Home ty	SFP	1 5 1986	251 REGISTR	AR'S SIGNA	Bardelle

-18706	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	REG. NO.	6 , 6 0
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
nay be page 3		ANN	E Mae	CURRY	9 /	8 86 1924M
ge 4 mc ector . p	3 SE	× /~emale	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 10 03	O. ACE (MITEMAN CONT.)	FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
P. P	7a B	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
of The last		llboro, Va.	USA	WIDOWED DIVORCED	HOWARK	MD.
5 2 8/	10 C	ULUMBIA	(IN NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION OUT ALT GENERA	(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	12b. KIND OF BUSINESS OR INDUSTRY Self
MARYLAND 2120		STATE 136 COU	r OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 136. CITY OR TO Dward Column	WN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS CAP CODE	(NG HOME
五 16/10/	14. F/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	TAST
	1	Albert	Fo	orbes Ada		Setton
BALTIMORE, ate be execut systian and c ppers. Pages val.		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 230-24-		Rhxmxmxmx2980 s Clarksville	
T., BALT T., BALT Thicate by physicio moopers moval.		PART I. DE ATH WAS CAUS	nly one couse per line for (a), (b), c ED BY: TE CAUSE (b).	ricullar Fibration		BETWEEN ONSET AND DEATH
iDS, 201 W. PRESTON quires that the death c signed by the attendir Then please remave card Then please remave card in burial, cremation, or	NO	Conditions, if any, which gove rise to immediate cause tol, stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	Arteriosclerot	AINAL DISEASE OR CONDITION GIVE	N IN PART 110
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TENDI pital or TOR: A for use of Heal			pal) attended the deceased from	n /	death occurred on the date and hour	ond from the couses stated
PITAL OR A by the has by the has lERAL DIREC oe detached State Dept. ANT: If hem		22b. SIGNATU	y choon Hay	DEGREE M.D. ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	9-18-198
TO HOSPITAL retained by 11 TO FUNERAL with the State with the State	1	CANA C	roon HAN	127. ADDRESS HIC	Kory Ruge Rd. Ci	21014
BP	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	9/21/86 S	NAME OF CEMETERY OR CREMATORY avage Cemetery	Savage Ho	ward Md:
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR NAME LECT FUNGAL	HOME THE	Laurel, Mrs S	TEP.22 1986	AR'S SIGNATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 2b. HOUR MIDDLE 1. DECEASED NAME (TYPE OR PRINT) David Arth DeMann Sept. 1986 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 4 RACE 5 DATE OF BIRTH caucasian 1939 male 47 May TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Minnesota USA DIVORCED A Howard WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY A SKILIFE Columbia Mech. Engineer Computer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Howard Columbia 13d INSIDE CITY LIMITS? 11253 A Skilift Ct. Md. 21044 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Arthur MIDDLE DeMann Florence unkown 10630 ADITTLE Patuxent Pkwy 166. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 474-40-4363Nancy Sweet Columbia. Md. 21044 peacetime ves APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY CACAEXIA MOIT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF cancer of bladder Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO F 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF IN ILIRY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. 86 and that in (my) (our) opinion death occurred on the date and how and from the causes stated sow the deceosed olive on. obove, (I) (we) (did) (did not) view the body ofter death 226 SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN should be with the S IMPORTA 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE Burial Md. Vets. Cem 24 FUNERAL DIRECTOR wie lavidon handel DHMH - 16 60M 7/84 LAurel, MD 207 (VRA 15, 4)

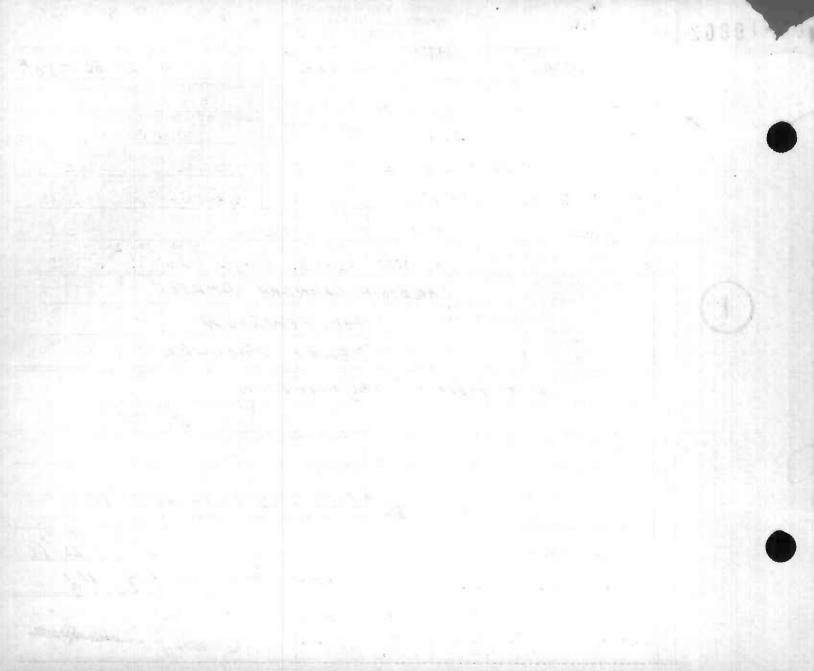
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	(VR A15 ME (5))		HAIGHT	FUNERAL	HOME SYM	ESVII	LE, M	D 217	84	SEP 1	9 1986 Julie	Davidoun-Handa	

(VRA 15, 4)

STATE OF MARYLAND



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AL EXAMINEE HE CIRTHCATE HOUJU BE FORM AL UNECTOR: TH. WITH THE SE E. MARYLAND.		220 I certificate death results ACTUAL SIGNATURE		ge of the remains described causes ,	Accident		Autop:	Hamici TITLE (SP ASSI		Undeter		inner	DA	y apinian	9-7-	86
TO MEDICAL EXAM EXECUTE HE CERTIF PACE 4 SHOULD BI TO FUNERAL DIREC ATTREDEATH, WITH BALTIMORE, MARYL		EXAMINER'S (TYPE OR PRIN	vi) Mai	garita A.				ADDRESS	111 P	enn S	St.,		o.,	Md.	2120	1
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CERTIFICATE #86-26172



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3	deorth deorth	{ TYPE	CASED NAME FIRST POPERTY	- LEE	Sackson	20. DATE OF DEATH MONT	3 86 1034 ª
	ors after	3. SE)	MALE	BLACK	S. DATE OF BIRTH MONTH DAY YEAR 11 27 27		MONTHS DAYS HOURS MIN.
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AL RECO	it permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	YES NOW IN	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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	FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	: 6 1 / 4
00-17239	1. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
- 9 - 8 +	AUDREY		KATZ	9-5-	86 850 A
1 00	3. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
- 4 65	FEMALE	CAucasian	MONTH DAY YEAR	72 YRS	MONTHS DAYS HOURS MIN.
1 12 100	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
C 1 1K29	Maryland	U.S.A.	WIDOWEC" DIVORCED	HOWARD COUN	TY MD.
10	IN CITY OR TOWN . J. SEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
1	ELLICOTT CITY	BON SECOURS EX		Retired	J INDUSTRY
RYLAND 217	STATE 13b COUNTY FLORIDA Brown	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 136 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 3300 North East ME	59th/6t. 33308
A I THE	RALPH	NATTANS	71631	SADIE	HECHT
DRE DON	160 WAS DECEASED EVER IN U.S. AR. (YES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	121 . 1		
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600000	(SPECIFY) Burial		wid Ridge Cemeter	CITY OR TOWN	Baltimore MD
77 DHMH-16 (OM 7/84 (VRA 15, 4)		g Byers Funeral 1	pirectors. Inc 250 DAI	E REC'D BY REGISTRAR 256 REGIST	BAR'S SIGNATURE

	1			STATE OF MARYLAND	8 6	26110
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OR he h		JI O D	0 /		MEDICAL STAFF	
SPITAL NERAL NERAL FANT: IF	-	22d. PHYSICIAN'S NAME (TYPE	aum as	PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	9.15.86
The the SRIA				,, 1		013
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Store			KUMAR	10802 Hick	cory siver	b composition
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(VRA 15, 4)	FZ	FCK FUNEERI	HOME INC.	Low Rol MAD SE	P1910AG gelia.	Davidson-parame

0-1	8862	1.	ems 23c,&DPer for state registrar	C. F.H.9/26/86 DEPARTI	j astate of Maryland MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 5 5 2	6 1 / /		
			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D.	AY YEAR 26. HOUR		
	by be death			LORES McMAHON	September 19, 19	986 434			
	of	3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS		
	ge 4	E	remale	White	April 22, 1922	63 _{YRS.} ^m	ONTHS DATS HOURS MIN.		
	inerol dir	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH HOWARD County			
34	by the to	1	licott City		G HOME OR OTHER INSTITUTION COUNTRY Blvd 21043	120 USUAL OCCUPATION (Type of work for most of working life Sales lady)	126. KIND OF BUSINESS OR WARDS		
ND 21	filled in	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13% COUP	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW ELLICO		13e STREET ADDRESS 8846 B Town & Co	untry Blvd. 3		
MARYLA	mpletely and 2 sh	1	THER'S NAME FIRST Marshall My	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST Kathryn Dav	MIDDLE	LAST		
IMORE,	n ond co		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 217 18 6	RITY NO. 17 INFORMANT	hon 8846 B Town &	Country Blvd.		
PRESTON ST., BALI	e death certificate e attending physicic move carbon papers nation, or removal. troumatic event, the		IMMEDIA Conditions, if any, which gave rise to immediate	DUE TO, OR AS ACONSEQUI	ECABCIDENT WITH	LEFT HOMEMAL	TIST APHASIA		
S, 201 W. I	ires that the igned by the en please re burial, cren rry, or ather	CERTIFICATION		CONDITIONS CONTRIBUTING TO	HOU EMBULISM 20 A				
AL RECORD	he low required hos been s to permit. The iene prior to lows easy injury		190 DATE OF OPERATION		HOWATY DISERSE OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?		
N OF VIT	an phylonestern of the state of	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH D. P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)		
DIVISION OF	After this on the bring and a state of the bri	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	ECTOR of the of			ital) ottended the deceased from	DEGREE	death occurred an the date and haur			
	PAL DR		alluno.	Kulusp	ATTENDING	DIRECTOR PHYSICIAN	9/20/86		
	TO HOSE		ALBINO.	KUHN II	1003-1001	PINE HE16HES AVO	SASUT MOZIZZ		
		23a E	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE		
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(OHMH - 16 50M 1/B1 (VRA 15, 4)			H Witzke & Famil lumbia Pike Elli	y Funeral Home 250 DA1 cott City		AR'S SIGNATURE		

DHMH - 16 50M 4/83

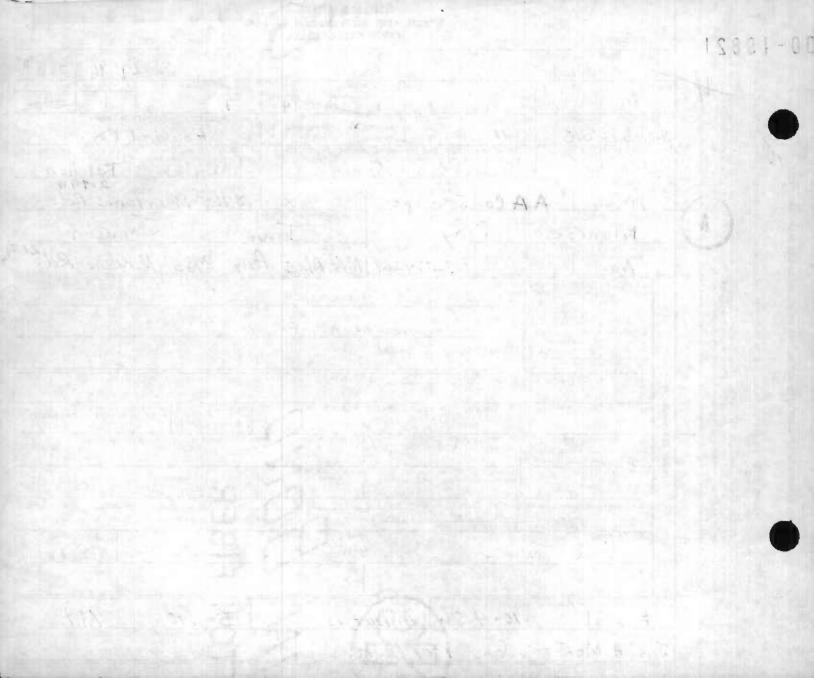
(VRA 15, 4)

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1	-	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

•	9	DiG vite	-	1
	REG. NO.			

							REG. IN	0.		
		CEASED NAME FIRST	MIDDLE	0 '	AST	200	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
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-		IVOAN			7			1	16	
	1.5E		4. RACE	5. DATE C			6. AGE IN YEARS LAST BU		UNDERTYEAR	IF UNDER 24 HRS
31		m	2	YEAR	72		NTHS DAYS	HOURS MIN,		
20			رن	1	10		12	YRS		-
1	. 10	CHINTRY	76, CITIZEN OF WHAT COUNT	RY? 8	NEVER M	9 BALTIMORE CITY	OR COUNTY C	FDEATH		
/	Wi	nashoro, S.C.	U.S.A.	WIDOWE		Hou	ward	Co.	MD.	
0	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU			12ª USUAL OCCUPAT		12h KIND O	F BUSINESS OR	
1	1	. 1	NOT IN SUCH FACILITY, GIVE S		K OTTIEK INST	1011014	TYPROF WORK FOR MOST			P BUSINESS OR
/	4	slumbia!	toward Ca	suty C	enera	1	Ministr	2 2	Fe 10	1100
0	115U	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE B	SEFORE ADMISSION)		1			201	
54	I la S	STATE 135 COUN	NTY IBC CITY OR I	TOWN	13d INSIDE CI	TY LIMITS?	13e STREET ADDRESS	A A	/	5 1
V.		Ma	A CO. JESS	UPS	YES 🗌	NO 🔀	8765 N	ary la	ne +	col.
Δ	14 EA	THER'S NAME			15 MOTHER'S	MAIDEN NAM	ME	-		
\mathcal{I}	1	M. A.	MIDDLE LAST		1	IRST	MIDDLE	101	LAS	T
23	4	Monroe	Peny				1e	001	INSOV	3
0		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	SECURITY NO.	17. INFORMAL	VT.	ADDR	ESS	,	2079
	10	YES, NO ON WINNOWN) IN YES, GIV	EWARORDATES 717 A	7-1719	Mila	Iro. F	EGV 87/4	Man	ulano.	Rd.
-		140	1-11-0	11201	11113.11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	016-	1./4.	1.4770	
=		18. CAUSE OF DEATH (Enter on			10				BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)	SEPS	15				100	
-		IMMEDIAI	E CAUSE (6)			-				
		THE RESERVE OF THE PARTY OF								
		Canditions, if any, which	(b) Chr	ONIC !	Lenge	1911	ure			
5		gove rise to immediate		256 106 10				1		
		couse (a), stating the , underlying cause lost	DUE TO, OR AS A CONSE	EOUENCE OF					120.00	
			(c)							
		PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	VIN PART I	a
	CERTIFICATION	IN THE RESERVE SELLED								
1	ATI	190. DATE OF OPERATION	196. CONDITION FOR WH	HICH OPERATIO	N WAS PERFOR	MED	20g AUTOPSY?	786 IF YES	WERE FINDIN	JGS LISED
1	0	THE DATE OF OTERATION	TW. CONDITION TOR W	TICTI OF EXALIO	N WASTERIO	MED	200 A010151.		NG CAUSES	
	E	Dec. 12 mile Score L.					YES NO	YES		NO 🗌
	W .	21a. ACCIDENT WAS UNDERLYING			21c HOW IN	URY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM IB PAR	T I OR PART 2)	
		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR						
7	V	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19						
91	MEDICAL	21d. INJURY OCCURRED	21a PLACE OF INJURY		211 LOCATIO	N	CITY OR TO	WW	COUNTY	STATE
24	Σ	AT WORK NOT WHILE	(AT HOME STREET, FACTORY, OF	FILE, FARM, ETC.)	SINCE					
23.0	46							70.0		
		220.1 certify that (1) (this hospi			25	. 19	. 10			that (I) (we) lost
		sow the deceased alive on	t) view the body ofter death.	19 01	nd that in (my) (our) opinion o	death occurred on the d	ote and hour o	and from the	couses stated
-37		22b. SIGNATURE	Ti view the oddy offer death.		DEGREE	-			22c DATE	SIGNED
CIII		Pan	inon.		Λ.	TENDING	MEDICAL STA	FF	01	1
112		1 une	were			HYSICIAN K			17/2	9186
		224 PHYSICIAN'S NAME TTYPE O	IR PRINT)		22e ADDRESS					
	230 B	SURIAL, CREMATION, REMOVAL	23b. DATE	236 NAME OF C	EMETERY OR C	REMATORY	23d LOCATION	/		
	4	SPICEY)	10-4-86	Arh	tuc		Ba 17	0	COUNTY	STATE
	24 51	DUFIAI	1-00	171 100	143	126 0 474		last account	///	
	14 1	INERAL DIRECTOR	ADDRE	ESS #		ZOO DATE	E REC'D. BY REGISTRAR	REGISTRA	AK'S SIGNAT	URE
	J	as. H. NIORTON	1 LJONS 170	1/941	CHS	DOT	0 1 1986 5	runa vavi	door-10	notable:



02	20393	1.	FOR STATE REGISTRAR	٠.		DEI	PARTMENT OF	E OF MARYLAND REALTH AND MENT FICATE OF DEAT		NE 3 O	2 (5 1	1 7	
0			CEASED NAME	FIRST		MIDDLE		LAST	20		MONTH DA	Y YEAR	26 HOUR	
	oy be loge 3 death	{146}	OR PRINT)	ORG		T.	PE	WN			9 28	38	450	
	4 m offer, p	3. SE	MALE		4 RACE WH	HIE	S. DATE (žÖ 6.	AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 14 HRS HOURS MIN.	
	neral direct		RTHPLACE (STATE OR F COUNTRY) est Virgini		7b. CITIZEN OI	WHAT COU	MARRIE WIDOW	D NEVER MARR	RIEDXX	9 BALTIMORE CITY OR COUNTY OF DEATH				
10		a	TUMBIA		HOWAR	O CONT	4 GALDON	CROTHER INSTITUT	(O USUAL OCCUPAT TYPE OF WORK FOR MOST O Computor	F WORKING LIFE)	INDUSTRY	MD. DEBUSINESS OR FOOD	
AND 212	24 hou	130	AL RESIDENCE (IF NURSI STATE MD	NG HOME OF	ROTHER INSTITUTION NTY		E BEFORE ADMISSION) R TOWN	13d INSIDE CITY LI		STREET ADDRESS	ZIP CODE	BUM	21043	
ARYLA	mpletely ond 2 s	14) FA	THER'S NAME FIRST		WIDDIE	ŁA	ST	15. MOTHER'S MA	IDEN NAME	WIDDLE	/	LAS		
BALTIMORE, M	e executed named com		George VAS DECEASED EVER YES, NO OR UNKNOWN)		VE WAR OR DATES	16b. SOCIA	enn L SECURITY NO. 26437	Pear 17. INFORMANT		Esther ADDR 1531 Ishaw Silv	1 Beave	Muns er Bro		
W. PRESTON ST., B.	that the death certifica I by the attending physes remove carbonpap ol, cremation, ar remove		18 CAUSE OF DEATH W PART I. DEATH W Canditians, if any, gave rise to imm cause (a), stating underlying cause	which	DUE TO, (b)_	OR AS A SON	SEQUENCE OF	TARCITION				m	IMATE INTERVAL ONSET AND DEATH (W	
RECORDS, 201	een signed in. Then plec ior to burial ny injury, ar	CERTIFICATION	PART 2 OTHER SIGN DI ABETES 190 DATE OF OPERAT	MA								V IN PART 10		
¥	he lo bn. hos ene p	RTIFIC					THE TOTAL AND			YES NO	IN CERTIFYI YES	NG CAUSES	OF DEATH?	
OF VIT	ding physicil ding physicil is certificate burial-transif Mental Hygi		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE	ATH HOUR A	of Injury A.M. Monti P.M.	H DAY YEAR	21c. HOW INJURY	OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2}		
DIVISION OF	DING PHYS or attendin After this c se as the bur alth and Me marked ar t	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR			E OF INJURY STREET, FACTORY, C	OFFICE, FARM ETC }	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
٥	TTENDIN pital or TOR: Af far use a of Health		220.1 certify that	(this hasp					9) apinian dea	th accurred an the d	nte and havr o		that (I) (we) last	
0	SPITAL OR A I by the hoss VERAL DIREC be detached a State Dept.		Baylaa.	Mus	w/NV	y differ death.		DEGREE ATTEN PHYS 22e ADDRESS	NDING I	MEDICAL STA DIRECTOR PHYSIC	FF CIAN [9.28	SIGNED	
	TO HOSPITAL retained by th TO FUNERAL should be determed with the State IMPORTANT: H	22- 5	T.A. DADI:				Las NAME OF C			AR COUNT	MBIA M	D ZIC	745.	
	вР	730 E	SURIAL, CREMATION, I SPECIFY) Burial	REMOVAL	236. DATE 10/3/8	86		EMETERY OR CREM Le Cemeter		23d LOCATION CITY OR TOWN Martinsbu	org Re	rkeley	STATE	
	DHMH - 16 60M 7/B4 (VRA 15, 4)	24/FU	weral exector win Funeral	Home	227 1	I.T IZ in a	gess POI	2 001	-	EC'D. BY REGISTRAR		V		

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(VRA 15, 4)

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	OR ATTENDING PHYSICIAM. The low requires that the death certificate be executed writin 24 hours offer to expirely or otherding physician.	NIDECTOD After
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	S	2
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR			CENTIL	ICAIL OI L	PMIII	REG.	NO.					
1. DECEASED NAME	FIRST	MIDDLE		LAST	105(1)	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOU			
(TIPE OR PRINT)	RAYMOND		Si	HORT			9 0	26 86	12'	M		
3. SEX		ACE	5. DATE (OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR				
Male		White	1 2	9 7	O4	01	YRS.	MONTHS DAYS	HOURS	MIN.		
To. BIRTHPLACE (STATE O	REFOREIGN 7b (CITIZEN OF WHAT CO	OUNTRY? 8.			9. BALTIMORE CITY OR COUNTY OF DEATH						
Maryland	166	U.S.A.	WIDOW	D NEVER	VORCED	Howard	County	57		MD.		
10. CITY OR TOWN OF D	EATH 11.	NAME OF HOSPITA	L, NURSING HOME		-	120. USUAL OCCUPA	ATION	12b. KIND C	OF BUSINE			
Columbia	197.4	(IF NOT IN SUCH FACILITY,				(TYPE OF WORK FOR MOS		and the second second	4000	ON OR OR A		
Columbia DSUAL RESIDENCE (# HII		ER POSTITUTION, GIVE RESID		Selection of the		Supervis	- William	Fruit	Proc	essi		
IDo. STATE	13b COUNTY		ORTOWN	THE IT	THE RESERVE OF THE PARTY OF THE	134 STREET ADDRES		The state of	100	2000		
Maryland	Howard	d Elli	cott City	VES []	NO IN		reau R	idge Dr	- 21	043		
FRST	WED	ut.	LAST		F9057	MIDDLE		(A)	ur.			
Raymond No. WAS DECEASED EVE	DINITIS ADMET	FORCESS III SOU	Short CIAL SECURITY NO.	17. INFORMA	lara	ADE	RESS		Head			
(165, NO OF UNINOWN)	OF 163, GIVE WA	IF DE DATES.	and annual					210				
NO		212	-07-9777	IRaymon	d C. Sh	ort 3711 (Chatear	ı Ridge	Dr.			
PART L DEATH	WAS CAUSED BY	ne cause per line for)	s), (b) and ((1)		Luc	1/2 0	1 %	BETWEEN	DAA TERKO	DEADH		
100000000000000000000000000000000000000	IMMEDIATE C		regair a	goneu	nespe	ratery to	eicure					
		DUE TO, OR AS A C	ON SEQUENCE OF	0	0	0 ,	00	. 0.	n	1.		
Conditions, if an		IN DEN	re Bull	rus Car	skyses	ra and	hron	2 Sten	chit	-		
gave rise to in cause (a), stat		DUE TO, OR ASAAC	ONSEQUENCE OF	with	car fo	referral	_					
underlying cou		1110	one m	in Ci	gasette	Tise						
PART 2: OTHER SK	SNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT	NOT RELAZIO	SO THE TERM	INAL DISEASE OF CO	NOTION GI	VEN IN PART 1	n .			
& maln	utretion	U(20#2	1. Herto	m. A	stritu	·						
19 DATE OF OPER	ATION	1% CONDITION PO	RAVHICH OPERATIO	N VAS PERFO	RMED	10s AUTOPSYT		5, WERE FINDS				
THE STATE OF THE S		Carlo Line				YES - NOT		FYING CAUSES	NO [
THE DATE OF OPER 218. ACCIDENT WAS II	NOTELYING	21h. TIME OF INJURY		ZIE HOW IN	JURY OCCURR	RED (ENTER HATURE OF P	NUMBER OF THE A. TH.	KART COMPART 25				
		HOUR A.M. MC	INTH DAY YEAR									
16 MIJURY OCCU		Zie PLACE OF INJUI		ZII. LOCATK	ON							
WHILE D MOIT	[] term	(AT HOME STREET, FACTO	BY, OFFICE, FARM, ETC.)	2001		City Of	10wn	COUNT		diete.		
		ottended the deceas	ad from 11/1	1	10 84	9/20		10.86	the day	we) lost		
				nd that in my	Yaur) apinian c	death accurred an the	date and ha	us and from the	-			
abave (1) we)	(did) (did nat) vir	ew the body after dec	oth.	DEGREE					SIGNED			
III SIGNATURE	11 1				ATTENDING		TAFF	ale	160			
22d PHYSICIAN'S	14, 4	myr		122e. ADDRES		DIRECTOR PHY	SICIAN [17/24	2/06			
	· '	NI)				A						
Dennis	Smith			1		ns Avenue						
230. BURIAL, CREMATION (SPECIFY)	, REMOVAL 2	3b. DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	5	STATE		
Buria	1	9/29/86	Meadow	ridge M				ward Ma	aryla	ind		
24 FUNERAL DIRECTOR				1229		E REC'D. BY REGISTR	Sb. Rec is	PAR'S SILEUA	interes.			
Hubbard Fur	neral Ho	me, Inc.	4107 Wilke	ns Ave.	JET !	6 3 800 9				13.0		

DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

TO FUNERAL DIRECT

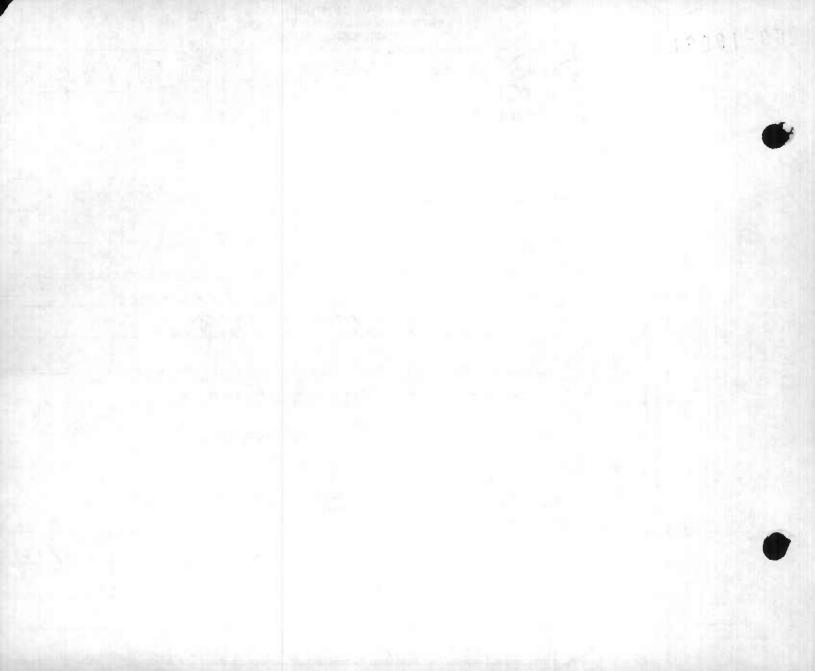
should be detached for use as with the State Dept. of Health IMPORTANT: If Item 21 is man

0 - 1	0757	STATE OF MARYLAND FOR STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. REG. NO.	2
0 = 1	0131	TEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HO	UR
	y be	James & Snowder 9586 9	25
	де 4 по	MAR COLD S. DATE OF BIRTH S. DATE OF BIRTH DAY YEAR OF AGE (IN YEARS LAST BIRTHDAY) WONTHS DATS HOURS YEAR	EF 24 HRS MIN
	deoth. Po	RTHPLACE (SATE OF OWNER) 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIVORCED ON BALTIMORE CITY OF COUNTRY OF DEATH WIDOWED DIVORCED ON COUNTRY.	MD.
201	by the f	TY OR TOWN OF DEATH. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACHITY, GWA STREET ADDRESS) 120. USHAL OCCUPATION ITYPE OF WORK FOR HIP. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ITYPE OF WORK FOR HIP. 120. USHAL OCCUPATION ITYPE OF WORK FOR HIP. 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ITYPE OF WORK FOR HIP. 122. USHAL OCCUPATION ITYPE OF WORK FOR HIP. 123. USHAL OCCUPATION ITYPE OF WORK FOR HIP. 124. WITH FOR HIP. 125. USHAL OCCUPATION ITYPE OF WORK FOR HIP. 126. USHAL OCCUPATION ITYPE OF WORK FOR HIP. 127. WITH FOR HIP. 128. USHAL OCCUPATION ITYPE OF WORK FOR HIP. 128. USHAL OCCUPATION ITYPE OF WORK FOR HIP. 129. USHAL OCCUPATION ITYPE OF WORK FOR HIP. 120. USHAL OCCUPATION ITYP	VESS OR
AND 2120	186	APT. TATE 136 COUNTY 136 COUNTY 136 COUNTY 136 OLUMBIA 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIPCODE APT. 137 SPENCE FORES	TRI.
MARYLAND		Joseph Middle Snowden Emma Dorsey	
BALTIMORE,	be execu	(AS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMAN) ADDRESS ES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 213032052 Mr. Stephen Syounder 5886 Steveni	- Jours
201 W. PRESTON ST.,	rres that the death certificate gned by the otherading physici in please remove carbonapoper burial, cremotian, ar removal. ry, or other traumotic event, th	18 CAUSE OF DEATH (Enter only one couse per line for 101, 101, and 171) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a), stoting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).	ID DEATH A
DIVISION OF VITAL RECORDS,	on. bas been si permit. The permit of the sws any inju	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DEA	ATH?
N OF VITA	SICIAN: T ng physici certificate uriol-transi Vental Hygi	21g. ACCIDENT WAS UNDERLYING TO THE OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	
DIVISIO	DING PHY or attendia After this se as the bu	21d. INJURY OCCUBRED VIII. STREET 21d. INJURY 21d. LOCATION STREET CITY OF TOWN COUNTY AT WORK	STATE
1	TEN oitol TOR. or us of He	22a.1 certify that (I) (this haspital) assended the acceased from	
	0 0 0 0 4	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	86
	TO HOSPITAL retained by the TO FUNERAL should be den- with the State IMPORTANT:	William Flowers 11055 Little Patagest PKing	
	BP	URIAL, CREMATION, MEMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY 234 LOCATION OF OR TOWN OF TOWN OF TOWN OF TOWN	d.
	DHMH - 16 60M 7/84 (VRA 15, 4)	NERAL DIRECTOR NAME OSTOP L. Russ 2.322 WINOTHA SEP 2.2 1886	

17010	1.	FOR STATE REGISTRAR			DEPARTA	AENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	2	6 1	8 3
1,818		CEASED NAME OR PRINT)	RUBY	MIDE	E.	Ĺ	TYLER	September		1986	12 40
of after d	3. SE	× Female		1. RACE White		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	F UNDER I YEAR	IF UNDER 24 HRS
orth. Poge 72 hours	1078 5 Z	RIHPLACE (STATE OR F	OREIGN	76. CITIZEN OF WH		MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
1911	19 C	Maryland ITY OR TOWN OF DEA Columbia	ТН	11. NAME OF HOS		G HOME CADORESS)	R OTHER INSTITUTION	Howard County 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Seanstress		126. KIND O INDUSTRY CLOTH	F BUSINESS C
133	Ma	AL RESIDENCE (IF NURS STATE ryland	NG HOME OR I	OTHER INSTITUTION, GIV		ADMISSION)		13e.STREET ADDRESS 4622 May		2770	79
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ottendin iter this as the bur h and Me	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE 🗍	210. PLACE OF	INJURY FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
L OR ATTENDIF the hospital or L DIRECTOR: A stoched for use or e Dept. of Healt if hem 21 is ma		220.1 certify that (1) saw the decease above (1) (we) (d	-	attended the de diview the body alter		61, an	d that in (my (our)) opinion d	MEDICAL STA	AFF \		
TO HOSPITAL retained by the TO FUNERAL should be det with the Store limportant.		224. PHYSICIAN'S NA Brad Co	oper	M.D.			2850 Health	Suite.	103	icott (2100 City, N
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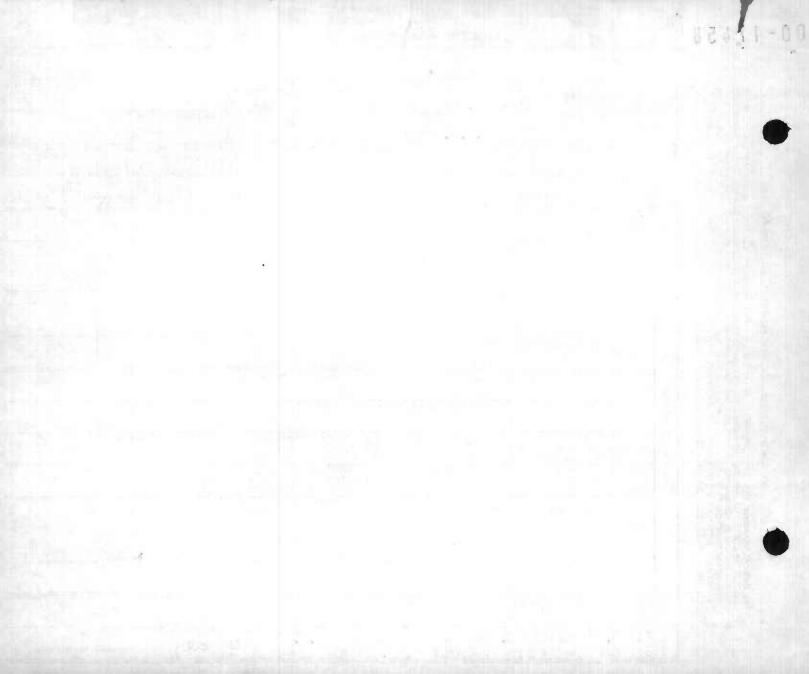
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AND 217	Maryland How	or other institution, give residence before and large lity or town and		1365333 Quiet Hours	Rd 21045
MARYI.	John FATHER'S NAME	MIDDLE GASTUL	15. MOTHER'S MAIDEN NA. FLOTA	B. MIDDLE Fr	ank LAST
BALTIMORE, I	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 213-09-6	17 INFORMANT 18 Joan Ehrman	3302 Green Way Dra	ive Lu. Md 21043
RECORDS, 201 W. PRESTON ST., low requires that the death certific is been signed by the attending phyermit. Then please remove carban pe e prior to burial, cremotion, arremon many injury, or ather troumonc even	Conditions, if ony, which gove rise to immediate couse Io's stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	MYOCARDIAL NCEOF ATHEROSCL OVASEULAR	INAL DISEASE OR CONDITION GIVE 100. AUTOPSY? 100. IF YES, IN CERTIFY	N IN PART 1(a) WERE FINDINGS USED ING CAUSES OF DEATH?
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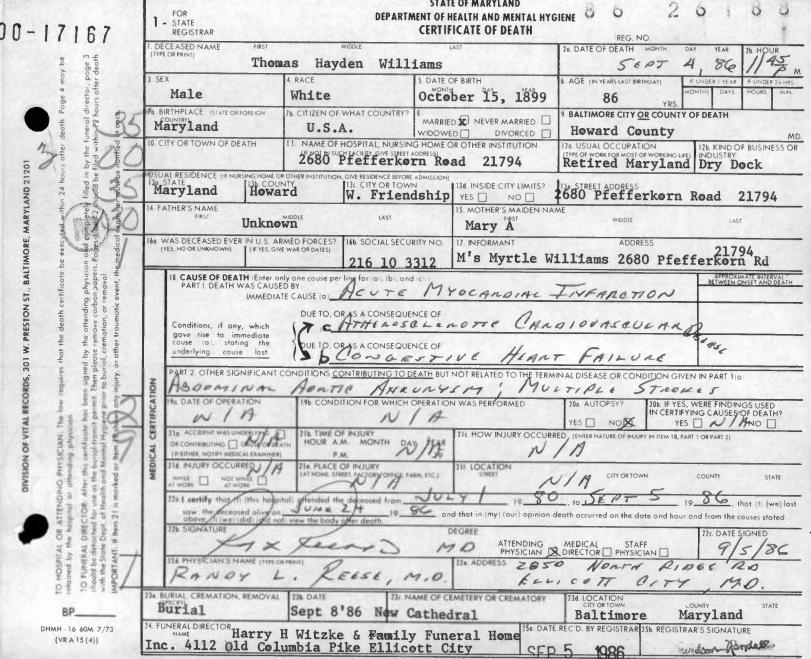
17581 1	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	3 3
	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR YPE OR PRINT) HABVEY N VANDEGRIFT 9-8-86 14/RACE 15. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 YEAR	26 HOUR 10 20
atom /	MALE WHITE 11-22-15 70 YRS. MONINS DAYS	R IF UNDER 24 HRS HOURS MIN.
4 75 96	Detailare (STATE OR FOREIGN U. S. A. NEVER MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED HOWARD CO	
11387 C	OLUMBIA HOWARD CO. GEN: HOSPITAL PHYSICIAN	OF BUSINESS OR
The state of the s	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. CITY OR TOWN Charlotte Cort Charlotte YES NO 2187 Abscott Street	9999
11 /WX	FATHER'S NAME Harvey MIDDLE Vandegrift 15. MOTHER'S MAIDEN NAME FIRST FIRST FIRST FIRST MIDDLE UNKNOWN	
160	W.W. Z 145-52-8099 Prerce H. Laegrij Columbia, Maryla	
	PART I, DEATH WAS CAUSED BY:	NONSET AND DEATH
y the attends cremation, o other traumatic	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	years
en signed it. Then ples or to burnel y injury, or a	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN UPPER G. I. Bleeding	
to host be the property of the	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FIND IN CERTIFYING CAUSE YES NO.	S OF DEATH?
Martin Hy Martin Hy Martin Hy Martin Hy Martin Hy Martin Hy	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED 216. PLACE OF INJURY 217. LOCATION	
Ather the e us the 100th and other morked o	AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY 220.1 certify that (1) (1) (1) is hospital) ottended the deceased from 6/// 1986, to 9/8/, 1986	STATE STATE
ECTOR. ECTOR. and for us. m 21 s. r.	saw the deceased alive an 9/8/1986, and that in (my) (aur) apinion death accurred on the date and haur and from the above. (11) we) (did) (did not) view the bady after death.	e causes stated
EBAL DIS Serie Del ANT. If In	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN 7 272 ADDRESS	8/82
thought the	BERNARD P. FARRELL MD HOWARD Co. Gen Hosp. Collembia, 1	nd 21044
19	BURIAL 9/12/1986 Silverbrook Cemetery Wilmington New Castl	e Delaware
HMH - 16 60M 7/84 8	FUNERAL DIRECTOR LOTTING Byers Funeral Directors, INC. 1250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNAR 3728 Liberty Road Randallstown, MD 21133-4784 SEP 10 1986	TURE,

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RE, A		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	h Agnes ADDRESS	ALKINS
w e ex	YE	4	rean 217-21	-8673 Mrs. Anne 1	E. Vaeth same as	# 13
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S o d E d	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED	_ IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
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the hos A the hos I DIRECTORY I THE HOS I THE HOS I THE HOS I THE HERT I THE		22b. SIGNATURE	Howers	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	8/12/81
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TO HOSPITAL TO FUNERAL should be det with the Store		William	Flonez	MD 1055 L	ithe testings	Takkury
	23a. I	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 9/22/86	23c. NAME OF CEMETERY OR CREMATO		MOUNTY 1 and STATE
BP	24 5	JNERAL DIRECTOR	3/22/00	Parkwood Cemeter		Maryland STATE
DHMH - 16 60M 7/84 (VRA 15, 4)			al Home, Incapor	1050 Work Road	SEP 19 1986	SISTRAR'S SIGNATURE

0-18536 Alia y State of the second of The contract o con used I distribuse Little Francisco Little 79712 Jan. 6. Vecto, Jr. mark mess trics C. T. T. C. T. T. C. T. T. C. T. T. C. T. The state of the s uvini / 2/ se tilond ruce to be runtal ore, inc. il dot established the state of the state